

APPLICATION FOR CREDIT FACILITY

Please fill in all the required details and submit along with supporting documents.
(Total 3 pages)

CONTACT DETAILS

Company Name: _____	Date: _____
Address: _____ _____	For Official use only - Please do not fill this section Accepted: <input type="checkbox"/> Rejected: <input type="checkbox"/> Reason for Rejection: _____ Credit Amount: _____ Credit Period: _____ Sales Executive: _____ Authorized Signature: _____ Time: _____ Date: _____ Filed in by: _____
City: _____	
Tel No: _____	
Fax No: _____	
Email Id: _____	
Website: _____	
Working Hours: _____	
Weekly Holiday: _____	

OWNERSHIP & MANAGEMENT DETAILS

Please mention full names as Mr. or Ms or Mrs.

Owner: _____	
Partners: _____	
Local Sponsor: _____	
General Manager: _____	Finance Director: _____
Other Directors: _____	

COMPANY DETAILS

Nature of Business:	Manufacturer / Sole Agent / Dealer / Trader / Distributor / Retailer / Other	
	If Other type then please specify: _____	
Nature of Company:	Proprietaty / Partnership / Private / Public / State (Govt) Owned / SSI	
	If Other type then please specify: _____	
Established in (Year): _____	Total No. of Employees:	_____

FINANCIAL DETAILS

Please specify your Bank Names and Account Numbers:

Name: _____

City: _____

Name: _____

City: _____

Name: _____

City: _____

Account No: _____

Since (Year): _____

Account No: _____

Since (Year): _____

Account No: _____

Since (Year): _____

ACCOUNTS DEPARTMENT

Please fill in full names as contact person in Accounts department:

Account Tel No: _____

Contact for Payment: _____

Tel Extension No: _____

Do you have any specific day or time for Cheque collection?

Account Fax No: _____

Contact for Collection: _____

Tel Extension No: _____

Yes ☐ **No** ☐

If yes, then please specify date / day / timing details:

TRADE REFERENCES

Please give us atleast 3 Company Names of your current creditors:

Name: _____

City: _____

Name: _____

City: _____

Name: _____

City: _____

Name: _____

City: _____

Contact Person: _____

Dealing Since: _____

Contact Person: _____

Dealing Since: _____

Contact Person: _____

Dealing Since: _____

Contact Person: _____

Dealing Since: _____

AUTHORIZED SIGNATORIES

Authorized Signatory for Cheques

Please sign in the box above

Name:

Please fill in the full name of the above signatory

Authorized Signatory for Local Purchase Orders (LPO)

Please sign in the box above

Name:

Please fill in the full name of the above signatory

AGREEMENT AND UNDERTAKING BY APPLICANT

Please read the below said paragrapg carefully:

IN CONSIDERATION OF A CREDIT ACCOUNT BEING GRANTED BY CLASSIC METALLIC SHEETS FACTORY LLC, SHARJAH, I / WE PROMISE TO SETTLE YOUR ACCOUNT PROMPTLY, AS PER THE AGREED TERMS, ON PRESENTATION OF THE INVOICE. IF I / WE FAIL TO SETTLE THE ACCOUNT ON TIME, THEN CLASSIC METALLIC SHEET FACTORY LLC, SHARJAH, SHALL HAVE THE LIBERTY TO TAKE LEGAL ACTIONS AGAINST ME / US IF THE OUTSTANDING REMAINS UNSETTLED FOR THAN THE TIME ALLOWED TO SETTLE THE OUTSTANDING. I / WE ALSO PROMISE TO PAY ALL THE EXPENSES BORNE BY THE COMPANY TO RECOVER THE DUES FROM US.

Authorized Signature:

Signatory Name:

Designation:

Date:

Company Official Seal:

DOCUMENTS TO BE SUBMITTED

Please make sure you attach or fax the below mentioned documents along with the credit application form:

- ☐ Valid Trade Licence Copy
- ☐ Valid Chamber of Commerce Copy
- ☐ Copy of Power of Attorney if the company is managed by another person
- ☐ Passport Copy of Sponsor & Authorized Signatory
- ☐ Location Map of Warehouse and Office